

Please type a plus sign (+) inside this box

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

DP-305926 Attorney Docket No. Thomas A. First Inventor

HARMONIC MOTOR

Applicant claims small entity status. See 37 CFR 1.27. Computer Readable Form (CRF)	(Only for new nonprovisiona	l applications under 37 CFR 1.53(b))	Express Mail Label No.		
X Fee Fransmittal Form (e.g., PrOSBIT) X Fee Fransmittal Form (e.g., PrOSBIT) X Applicant claims small entity status. Specification Specif					
Brief Summary of the invention Brief Description of the Drawings (if filed) Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure A Substract of the Disclosure I Coefficient on Document (if applicable) To Substract on Substract Document (if applicable) To Substract Document (if applicable) To Substract on Substract Document (if applicable) To Substract on Substract Document (if applicable) To Substract Document (if applicable)	Fee Transmittal For (Submit an original and a dr. Applicant claims sm See 37 CFR 1.27. 3. X Specification (preferred arrangement - Descriptive title concessor - Statemence - Statemence to second a computer principle or a computer principle.	m (e.g., PTO/SB/17) plicate for fee processing) nall entity status. [Total Pages 13] set forth below) of the invention to Related Applications rding Fed sponsored R & D puence listing, a table, ogram listing appendix	7. CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper		
5. Oath or Declaration a. X Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, ser 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 7. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Ofter: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inaversently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label	- Brief Summary of Brief Description - Detailed Descrip - Claim(s) - Abstract of the I	of the Invention of the Drawings (if filed) tion Disclosure	9. X Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement (when there is an assignee) 11. English Translation Document (if applicable)		
Signed statement attached obtaining investories of named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Name Scott A. McBain Delphi Technologies, Inc. Address P.O. Box 5052, Mail Code: 480-414-420 City Troy State MI Zip Code 48007-505 Country USA Telephone 248.267.5514 Fax Name (PrintiType) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8,93 p.	4. X Drawing(s) (35 0.5.c. 173) [Total Sheets				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Or Correspondence address below Name Scott A. McBain Delphi Technologies, Inc. Address P.O. Box 5052, Mail Code: 480-414-420 City Troy State MI Zip Code 48007-505 Country USA Telephone 248.267.5514 Fax Name (Print/Type) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8230	named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/s or its equivalent.				
Scott A. McBain Delphi Technologies, Inc. Address P.O. Box 5052, Mail Code: 480-414-420 Country USA Telephone 248.267.5514 Fax Name (Print/Type) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Parks Elliphone 248.267.5514 Date 8230 Date 8230	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) Of prior application No.: Prior application information: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under the disclosure of the disclosure				
Customer Number or Bar Code Label Name Scott A. McBain Delphi Technologies, Inc. Address P.O. Box 5052, Mail Code: 480-414-420 City Troy State MI Zip Code 48007-505 Country USA Telephone 248.267.5514 Fax Name (Print/Type) Douglas E. Erickson Registration No. (Attorney/Agent) Signature Date 8 23 0	The accorporation can only or				
Delphi Technologies, Inc.	Customer Number or Bar C		or V Correspondence address below		
City Troy State MI Zip Code 48007-505 Country USA Telephone 248.267.5514 Fax Name (PrintlType) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8 23 g/	Name		es, Inc.		
City Troy State MI Zip Code 48007-505 Country USA Telephone 248.267.5514 Fax Name (PrintlType) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8 23 g/	Address	P.O. Box 5052, Ma	il Code: 480-414-420		
Country USA Telephone 248.267.5514 Fax Name (PrintlType) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8 23 g			1 1 1 10007-608		
Name (Print/Type) Douglas E. Erickson Registration No. (Attorney/Agent) 29,530 Signature Date 8 23 0		USA	Telephone 248.267.5514 Fax		
Signature Date 8 23 0	Name (Print/Type)		on Registration No. (Attorney/Agent) 29,530		
	Signature	Douglas E. Euc			

the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$)	١1	07	n	n	ſ
I (P	, 1	, 0 /	v	יטי	Ļ

Complete if Known			
Application Number			
Filing Date			
First Named Inventor	Thomas A. Baudendistel		
Examiner Name			
Group Art Unit			
Attorney Docket No.	DP-305926		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES					
1. indicated fees and credit any overpayments to:	Large Small					
Deposit Account 20-0809	Entity Entity Fee Fee Fee Fee Fee Pascription Fee Pa	Н				
Number	Fee Fee Fee Fee Fee Description Fee Pa	ä				
Account Thompson Hine LLP	105 130 205 65 Surcharge - late filing fee or oath	\dashv				
Charge Any Additional Fee Required	127 50 227 25 Surcharge - late provisional filing fee or cover sheet	4				
and dilucitor of the life of the	139 130 139 130 Non-English specification	4				
Applicant claims small entity status. See 37 CFR 1.27	147 2,520 147 2,520 For filing a request for ex parte reexamination					
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to					
Check Credit card Money Other	Examiner action	\exists				
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action	\dashv				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month	\dashv				
1. BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month	\dashv				
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month	\dashv				
Code (\$)	118 1,390 218 695 Extension for reply within fourth month	\dashv				
710.00	128 1,890 228 945 Extension for reply within fifth month	\dashv				
	119 310 219 155 Notice of Appeal	4				
107 490 207 245 Plant filing fee 108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal	_				
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing	_				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	138 1,510 138 1,510 Petition to institute a public use proceeding	_				
SUBTOTAL (1) (\$) 710.00	140 110 240 55 Petition to revive - unavoidable	\dashv				
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional	ᅴ				
Fee from Extra Claims <u>below</u> Fee Paid	1 142 1,240 242 620 Utility Issue fee (or reissue)					
Total Claims 17 -20** = 0 x 18.00 = 0.00	143 440 243 220 Design issue fee	ᅴ				
Independent 7 - 3** = 4 × 80.00 = 320.00	144 600 244 300 Plant issue fee	ᅴ				
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner					
	123 50 123 50 Processing fee under 37 CFR 1.17(q)	\dashv				
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt					
Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20						
102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))					
104 270 204 135 Multiple dependent claim, if not paid 109 80 209 40 ** Reissue independent claims	149 710 249 355 For each additional invention to be					
109 80 209 40 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))	_				
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)	_				
and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 320.00	Other fee (specify)					
OOBTOTAL (2)	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00					
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 40.00	_				

SUBMITTED BY			Complete (if applicable)			
Name (Print/Type)	Douglas E. Erickson		Registration No. (Attorney/Agent)	29,530	Telephone	(937)443-6814
Signature	Deroffe E.	Euden			Date	8/23/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.